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FROM	Zurvan Mahamedi
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RE	Response to Office Action 10/006,342

COVER MESSAGE

Response to Office Action 10/006,342

Submitted Herewith:

Request for Continued Examination (duplicate)
Petition for Extension of Time (one month) (duplicate)
Fee Transmittal (duplicate)
Amendment Response 15 Pages
Replacement Figure and New Figure (2 sheets)

23 Pages total (not including cover)

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PTO/S8/17 (12-04/2)
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Effective Constitution		Complete if Known									
Fees pursuant to the Consolidate	Application Number 10/006			,342							
FEE TR/	Filing Date	N	November 30, 2001								
For	First Named In	ventor W	WONG, Yoon								
	Examiner Nam	e Tf	TRAN, Henry								
Applicant claims small e	Art Unit	26	2674								
TOTAL AMOUNT OF PAYM	Attorney Docke	1 No. P/	PALM-0870								
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number 50-1914 Deposit Account Name: Shemwell Mahamedi LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee											
Charge any additional fee(s) or underpayments of fee(s)											
under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038.											
FEE CALCULATION						•					
1. BASIC FILING, SEARC											
		FEES Small Entity	SEAF	RCH FEES Small Entity	EXAMIN		ATION FEES Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee_(\$	Epe (5)	Fee (\$)	Fee		Fees Paid (\$)			
Utility	300	150	500	250	200	100)				
Design	200	100	100	50	130	6:	5				
Plant	200	100	300	150	160	8)				
Reissue	300	150	500	250	600	300)				
Provisional	200	100	0	0	0	()				
2. EXCESS CLAIM FEES	2. EXCESS CLAIM FEES Small Entity										
Fee Description Fee (\$) Fee (\$)											
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							200	100			
Multiple dependent clair		360	180								
Total Claims Ex	Paid (\$) Multiple			ltiple Depe	Dependent Claims						
- 20 or HP =		x	_=			E	ee (\$)	Fee Paid (\$)			
HP ≈ highest number of total cla Indep. Claims Ex	ims paid i ctra Clai		Fee	Paid (\$)				50			
- 3 or HP =		x	. =		•						
HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR	1.52(e)), the application	size fee	due is \$250 (\$	125 for sm	nall ent	ity) for ea	ch additional 50			
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (\$)											
<u>Total Sheets</u> - 100 =		/ 50 =	1 OL BRC	(round up to a w			Fee (\$)	Fee Paid (\$)			
4. OTHER FEE(S)				•		•		Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge):											
UBMITTED BY . / A	Λτ	<u> </u>									
gnature /	 			Registration No.		Ţ.	Telephone :	400) 554 0000			
<u> </u>	ΛW			Attorney/Agent) 42	2,828			408) 551-6632			
ame (Print/Type) 🗚 Mahame	CE .		. 🗸			- 11	Date Noven	nber 28, 2005			

This oblection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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